REQUEST FOR PATENT FEE REFUND						
1 Date of Request: <u>526/05</u> 2 Serial/Patent #						10/522 788
3 Please refund the following fee(s):		4 PAI NUM	ER IBER	5 DA	HED HED	6 AMOUNT
V Filing (1632 FC)					/200 30681	\$ 100.00
Amendment					85/3	\$
Extension of Time					ARAPE	\$
Notice of Appeal/Appeal					2888 1632	\$
Petition					2)83/ 2 FC:	\$
Issue			-		90	\$
Cert of Correction/Terminal Disc.						\$
Maintenance						\$
Assignment						\$
Other						\$
		7 TOTAL AMOUNT OF REFUND \$ 100,000				
		8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check				
✓ Overpayment		Credit Deposit A/C #:				
Duplicate Payment			, _			
No Fee Due (Explanation):						
Changed FC 1632 = 500.00 to						
1642-\$HW.00						
11 REFUND REQUESTED BY:						
TYPED/PRINTED NAME: Barbara CAMphell TITLE:						
SIGNATURE: BROWN		Re phone: 95/26/2005 0036922199				
OFFICE:						*****
THIS SPACE RESERVED FOR FINANCE USE ONLY:						
APPROVED: DATE: AD EXD: XXXXXXXXXXXXXX1015						

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B